Montana Medicaid CLAIM JUMPER

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OCR and Document Quality

In April 2005, Medicaid began processing paper claims using an Optical Character Recognition (OCR) system. This process uses a computer to "read" the information from the claim instead of being manually entered. This process improves accuracy and increases the speed at which claims are entered into the system. The quality of the claim will affect the way and speed in which the claim is processed through the OCR.

In order to expedite the process, it is important that claims be as clean as possible. Original standard red-dropout forms should be used, and all information should be entered using a typewritten, non-proportional font, 8 point or larger, in black ink. All information should be entered within the defined boxes, including PASSPORT in field 17a, prior authorization numbers in field 23, and the provider ID number in box 33 under PIN# on a CMS-1500. On a UB-92, coinsurance and deductible should be in form locators 39-41 and provider number in form locator 51. Information not clearly entered or outside the defined field boundaries may process incorrectly. Claims should be mailed rather than faxed to ensure that numbers are legible. Faxed claims must be entered manually.

When information is readable to OCR, claims can often process without being handled by a claims representative. This will increase the speed in which claims are processed.

What Are Gross Adjustments?

Gross adjustments are essentially financial transactions. Gross adjustments are completed when a lump sum dollar amount is either paid or credited to a provider number. Most often this type of adjustment is completed for cost settlement or when a request for individual adjustment is over the timely filing limit, such as a third party liability payment. When an individual adjustment is received that is past timely filing, ACS turns that request into a gross adjustment and may include a number of adjustment requests for the same provider number. Gross adjustments are not linked to one specific claim or client. Therefore, gross adjustments do not appear on the remittance advice or the ANSI X12 835 transactions with client information. Paper statements may contain information related to why the gross adjustment was completed on a text line, but this information is not a data element on the 835.

Changes to the Website

At the request of the governor of Montana, providers will now see some aesthetic changes to the Montana Medicaid website. All the information found on the website will remain the same, and navigation throughout the site has not changed. The site now looks more like other Montana websites. Providers can still get to the site by typing www.mtmedicaid.org or by typing the actual URL, which is http://www.dphhs.mt.gov/medicaid/. Providers who previously saved the website in favorites will need to update the URL to the new one.

PASSPORT Required for FQHCs, RHCs and Home Health

Effective April 1, 2006, claims for FQHC, RHC and Home Health providers will be denied if they do not have the necessary PASSPORT referral number. If the claim is for a PASSPORT client and the service requires a PASSPORT referral, the referral must be obtained from the client's PASSPORT provider. If the FQHC or RHC is the client's PASSPORT provider, no additional PASSPORT information is necessary.

When billing on a UB-92 paper claim, the PASSPORT number should be entered in form locator

11. For CMS-1500 claims, this information should be entered into box 17a. Electronic claims require the qualifier "9F" in loop 2300, segment REF 01 and the actual PASSPORT number should be entered in loop 2300, segment REF 02. Providers using WINASAP should enter the PASSPORT number under the claim codes tab. Choose "Referral Qualifier" from the drop-down menu and enter the PASSPORT number in the space provided.

Additional information on the PASSPORT program is available on the website (www.mtmedicaid.org). If providers have any questions, they can contact ACS Provider Relations at 1-800-624-3958 or in Helena at 442-1837.

"Modifiers Do Matter" Class Coming March 22

The Montana Medical Association and Brown Consulting Associates will be conducting their Spring 2006 Coding Competency Workshop on Wednesday, March 22, from 8 a.m. – 12 p.m. at the Great Northern Hotel & Convention Center in Helena. This training is being held directly before the DPHHS and ACS Spring Provider Fair.

Correctly used, modifiers explain unusual or complicated circumstances and can have a positive effect on practice reimbursement. This outstanding session will bring providers up to speed on the correct use of CPT and HCPCS modifiers, with special focus on Montana payers' unique, ever-changing guidelines. The instructor will share the latest information from Medicare, Medicaid and private payers. Get answers to the toughest modifier questions, including billing for bilateral services, multiple surgeries, E/M same day and more. Find out how to use the Medicare Physician Fee Schedule Database (MPFSDB) and the Correct Coding Initiative (CCI) edits to assist you in proper modifier use.

This program has been approved by the American Academy of Professional Coders for 4 CEUs. The workshop costs $50 for MMA members or $100 for non-MMA members. For more information and a registration form, go to "Upcoming Events" at www.mtmedicaid.org

Requesting a Blanket Denial

Blanket denials are used when a provider is billing for services that are never going to be paid by the primary insurance. To request a blanket denial, providers should bill the primary insurance once for the service. If the service is denied because it is not covered, or because the provider type is not covered, providers should then complete the Blanket Denial Request Form found at www.mtmedicaid.org under "Forms." The completed form, along with the denial, should be faxed to 406-442-0357. The TPL unit will review the form and the primary insurance denial, and issue a blanket denial. A copy of the blanket denial is warehoused under the recipient's name. Claims can then be sent directly for processing without the need to bill the primary insurance first.

Providers do not need to send a copy of the request with every claim. Once the request has been approved, they should bill with the approval if billing on paper, or bill the claim in the normal fashion if they are billing electronically using the paperwork attachment indicator.

Specific Diagnosis Codes

Diagnosis codes need to be as specific as possible to ensure proper processing. If a diagnosis is not as specific as it could be, claims can deny for an invalid diagnosis.

For example: Diagnosis 299.0 is the diagnosis for infantile autism, and is an invalid diagnosis. There are two diagnosis codes (299.00 and 299.01) that are more specific and are covered. When providers choose a diagnosis code that is the highest level of specificity, claims are less likely to deny.
If providers have questions about the status of a specific diagnosis code, they can contact ACS Provider Relations at 1-800-624-3958 or 442-1837 in Helena.

Provider Fair 2006 Comes to Helena March 22-23

Attend the Provider Fair hosted by Montana DPHHS and ACS on March 22-23, 2006! This FREE day-and-a-half training will be at the Great Northern Hotel in the Great Northern Town Center. The fair provides medical billers and providers an opportunity to learn more about Medicaid, CHIP and Children's Mental Health Services policies and billing practices.

Day one will focus on materials for new and experienced Medicaid billers. Provider information will also be presented about the Montana Medicaid website. Day two will offer concurrent sessions throughout the day on a number of DPHHS programs. These classes will focus on Big Sky Rx, SURS, Nursing Home, Transportation, PASSPORT, Hospital Related, Physician Related, CHIP Dental/Medicaid Dental, HCBS, MHSP, Children's Mental Health, Schools/CSCT, Nurse First, Team Care, Disease Management and TPL. DPHHS program officers will be presenting the information on day two and will be available at the end of the day to answer questions.

Registration forms are available by going to "Upcoming Events" at www.mtmedicaid.org or calling provider relations at 1-800-624-3958 or 1-406-442-1837.

Lunch and snacks will be provided. The Great Northern Hotel has set aside rooms for those that might be interested in staying overnight. Providers can contact them at 1-800-829-4047 or 1-406-457-5500.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select ***Resources by Provider Type*** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

Recent Publications Available on Website		
Date	**Provider Type**	**Description**
Notices		
01/05/06	All Provider Types	Web Portal Slowdowns
01/05/06	Physicians, Mid-level Practitioners, EPSDT, Podiatrists, Dentists, Public Health Clinics, Psychiatrists	Increased Reimbursement for EPSDT Preventive Services
01/11/06	All Provider Types	Improved Web Portal Response Times
01/11/06	Outpatient Hospital	Changes in Observation Billing
01/13/06	Pharmacy	Erroneous Deductibles and High Co-Pays With Medicare Part D
01/16/06	Outpatient Hospital	January 2006 Outpatient Prospective Payment System (OPPS) Code Editor (OCE) Changes
01/19/06	All Provider Types	Updated Remittance Advice Notices
01/20/06	All Provider Types	Program Aimed at Reducing Misuse of Montana Medicaid Set to Double Its Enrollment
Manuals/Replacement Pages		
01/05/06	EPSDT	New EPSDT Chapter
01/17/06	School-Based Services	Revised Documentation Requirements, Restricted CSCT Services, Private-Duty Nursing Review Requirements and School-Based Services Codes
01/17/06	Inpatient and Outpatient Hospital	Completing Medicaid Hysterectomy Acknowledgement Form
Other Resources		
01/03/06	All Provider Types	What's New on the Site This Week?
01/09/06	All Provider Types	What's New on the Site This Week?
01/10/06	Pharmacy	Drug Class Reviews Removed
01/11/06	All Provider Types Except Swing Bed Hospitals and Nursing Homes	2006 Medicaid Payment Schedule
01/16/06	All Provider Types	What's New on the Site This Week?
01/19/06	All Provider Types	TPL Phone Numbers Corrected in General Key Contacts
01/19/06	Nursing Homes and Swing Bed Hospitals	2006 Medicaid Payment and TAD Schedule
01/19/06	Pharmacy	Updated PDL and Quicklist
01/19/06	All Provider Types	Spring 2006 Coding Competency Workshop and DPHHS Provider Fair in Upcoming Events

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Key Contacts

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ACS EDI Gateway website: http://www.acs-gcro.com
ACS EDI Help Desk (800) 624-3958
Provider Relations
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(406) 442-1837 (Helena)
(406) 442-4402 Fax
TPL (800) 624-3958 (In and out-of-state)
(406) 443-1365 (Helena)
(406) 442-0357 Fax
Email: MTPRHelpdesk@ACS-inc.com
Direct Deposit Arrangements (406) 444-5283
Verify Client Eligibility
FAXBACK (800) 714-0075
Automated Voice Response (AVR) (800) 714-0060
Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944
PASSPORT (800) 624-3958
Prior Authorization
DMEPOS (406) 444-0190
Mountain-Pacific Quality Health Foundation (800) 262-1545
First Health (800) 770-3084
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